

**SUMMARY REPORT OF KENTUCKY BOARD OF NURSING  
ADVISORY OPINIONS ON NURSING PRACTICE ISSUES**

**July 1, 2001 – June 30, 2002**

The primary mission and purpose of the Board is to enforce public policy related to the safe and effective practice of nursing in the interest of public welfare. As a regulatory agency of state government, the Board of Nursing accomplishes this mission as authorized by Kentucky Revised Statutes (KRS) Chapter 314—The *KENTUCKY NURSING LAWS* and attendant administrative regulations. In accomplishing one aspect of the mission, the Board of Nursing issues advisory opinions on what constitutes the legal scope of nursing practice.

An opinion is not a regulation of the Board; it does not have the force and effect of law. Rather, an opinion is issued as a guidepost to licensees who wish to engage in safe nursing practice.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
  - 1. Preparing and giving medication in the prescribed dosage, route, and frequency;
  - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
  - 3. Intervening when emergency care is required as a result of drug therapy;
  - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
  - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
  - 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.021(2) imposes individual responsibility upon a nurse to undertake the performance of acts for which the nurse is educationally prepared and clinically competent to perform in a safe, effective manner. This section holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and experience to perform those acts safely and competently. A nurse/licensee who doubts his/her personal competency to perform a requested act has an affirmative obligation to refuse to perform the act, and to inform his/her supervisor and the physician prescribing the act, if applicable, of his/her decision not to perform the act.

If a licensee accepts an assignment that the licensee believes is unsafe or for which the licensee is not educationally prepared, then the licensee also assumes the potential liability, which may occur as a result of the assignment. Others may equally or concurrently be responsible, accountable, and liable for a licensee's actions.

In the performance of acts in a health care facility/agency, nurses should follow written approved policies and procedures of the facility/agency, which are consistent with the *KENTUCKY NURSING LAWS*.

The Board has published "Scope of Practice Determination Guidelines" as a decision making model for an individual licensee to use in determining whether the performance of a specific act is within the scope of practice for which the individual is educationally prepared, clinically competent and licensed to perform. Individuals are encouraged to utilize the "Guidelines" in making decisions as to whether he/she should or should not perform a particular act. A copy may be obtained from the Board office, or on the Board's website at [www.kbn.state.ky.us](http://www.kbn.state.ky.us).

The responsibilities which any nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

1. The nurse's own qualifications including:
  - a. basic prelicensure educational preparation;
  - b. knowledge and skills subsequently acquired through continuing education and practice; and
  - c. current clinical competence.
2. The "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience.
3. The complexity and frequency of nursing care needed by a given client population.
4. The proximity of clients to personnel.
5. The qualifications and number of staff.
6. The accessible resources.
7. The established policies, procedures, standards of practice, and channels of communication which lend support to the types of nursing services offered.

To date, the Board has published 31 advisory opinion statements, as listed on the "Kentucky Board of Nursing Publications" form and on the Board's web site at [www.kbn.state.ky.us](http://www.kbn.state.ky.us).

Advisory opinion statements are developed and published when:

1. Multiple inquiries are received regarding a specific nursing procedure or act;
2. The Practice Committee determines that a specific nursing procedure or act has general applicability to nursing practice and warrants the development of an opinion statement; or
3. The Board directs that an opinion statement be developed.

When studying issues, the Board reviews and considers applicable standards of practice statements published by professional nursing organizations; the educational preparation of both registered and licensed practical nurses as provided in the prelicensure nursing education programs in the Commonwealth; and, when applicable, the organized post-basic educational programs for advanced registered nurse practitioners. The Board also gathers information regarding practice issues from nurses in relevant practice settings (including staff nurses, supervisors, nurse faculty members, etc.) and/or representatives from state nursing associations in the Commonwealth, among others. Further, the Board reviews applicable opinions issued by the Office of the Attorney General.

In addition to the 31 advisory opinion statements published as of June 30, 2002, the Board has issued from July 1, 2001, to June 30, 2002, individual advisory opinions in response to inquiries on specific nursing practice situations, as summarized below:

#### **"REPEAT AND VERIFY" OF VERBAL ORDERS (10/01)**

In October 2001, the Board issued a letter of response to the request from Pamela Murphy, Inspector General, on the position of the Board with regard to eliminating the 72-hour requirement for the medical staff in hospitals to authenticate/sign verbal orders and instituting a requirement for the nurse to "repeat and verify" verbal orders. The Board responded as follows:

- To assure safe nursing care to the citizens of the Commonwealth and to guide nurses in the delivery of that care, the Board, in 1987, issued an Advisory Opinion Statement (#87-14) entitled *Roles of Nurses in the Implementation of Patient Care Orders*. Page #3, Section #1 states: "...when accepting verbal orders the nurse should repeat the order to the intermediary (and/or prescriber) for verification of accuracy...." Subsequently, it is the position of the Board that nurses should review and verify with the prescriber and/or the prescriber's intermediary all verbal orders issued by the physician/prescriber.
- The Board supports the elimination of the regulatory provision requiring a 72-hour time frame for a physician/prescriber to sign verbal orders.
- The Board supports a change in the applicable administrative regulation to replace this provision with a requirement that the nurse, receiving the verbal order, repeat the order back to the prescriber and have the prescriber verify the accuracy of this order at the time the order is given. Further, the nurse would subsequently document that the order was repeated to, and verified by, the prescriber. This, however, would not release the prescribing practitioner from reviewing and signing verbal orders based upon established policies and procedures of the health care facility governing this matter.
- The Board supports a provision that this procedure would be included in the outcome monitoring processes conducted by the facility.

#### **ORDERS FOR RESTRAINTS (10/01)**

In October 2001, the Board issued an advisory opinion to both Pamela Murphy, Inspector General, and Judy Rawlings, RN, clarifying that it is within the scope of nursing practice for a nurse to initiate the use of personal and mechanical restraints. It is not within the scope of registered nursing practice for a RN to order a chemical restraint; however, a qualified ARNP may do so. The members also clarified that it is within the scope of nursing practice for a nurse to assess the physical and psychological well-being of the patient in a Psychiatric Residential Treatment Facility (PRTF) providing services to individuals under the age of 21 (HCFA-2065-IFC2) and as described in 42 CFR Section 483.358 (f).

#### **DEMENTIA-SPECIFIC TRAINING FOR NURSING ASSISTANTS AND ENTRY-LEVEL WORKERS IN HEALTHCARE FACILITIES (10/01)**

In October 2001, the Board issued a letter of response to Ellen Kershaw, Alzheimer's Association – Kentucky Coalition, on dementia-specific training for nursing assistants and entry-level workers in health care facilities. The Board advised Ms. Kershaw to contact the Cabinet for Health Services in Frankfort, Kentucky since the Board of Nursing does not regulate the training requirements established for persons who provide nursing assistance in Kentucky.

#### **UNIVERSITY OF LOUISVILLE ACUTE CARE NURSE AIDE TRAINING PROGRAM (10/01)**

In October 2001, the Board issued a letter of support to the University of Louisville for the establishment of standardized formal training programs for persons who provide nursing assistance in all areas of health care, and specifically for persons in licensed health care facilities.

#### **ADMINISTRATION OF INSULIN IN A SCHOOL SETTING (12/01)**

In December 2001, the Board issued an advisory opinion on the accountability of nurses in the administration of insulin in school settings. It was the advisory opinion of the Board that, in general, a nurse would not be in violation of the *Kentucky Nursing Laws*, if an unlicensed person was taught by a parent/guardian to administer insulin to his/her child and the unlicensed person did that act in error. In this situation, the nurse did not teach, delegate, nor supervise the administration of the medication by the unlicensed person.

### **ADMINISTRATION OF MEDICATIONS IN SCHOOL SETTINGS (12/01)**

In December 2001, the Board was asked to review a training curriculum for unlicensed personnel who administer select medications in schools. The Board responded that it does not have authority to approve the curriculum; subsequently, the curriculum does not need Board approval prior to its implementation.

### **ADMINISTRATION OF MEDICATIONS BY UNLICENSED PERSONNEL (12/01)**

In December 2001, the Board issued an advisory opinion on the role of unlicensed assistive personnel in the administration of medications. The Board advised that in accordance with KRS Chapter 314, unlicensed personnel who are involved in the administration of medication should do so only under the supervision of, and delegation by, a registered nurse, or a licensed practical nurse that practices under the direction of an RN, physician, or dentist. The delegation of nursing tasks to unlicensed persons is governed by Kentucky Administrative Regulation 201 KAR 20:400. A copy of this regulation is available from the Board office.

### **DELEGATION OF TASKS IN THE CARE OF PATIENTS POST-CARDIAC CATHETERIZATION/INTERVENTION (12/01)**

In December 2001, the Board issued an advisory opinion that the tasks of observation and documentation of objective signs, such as groin swelling/bleeding, vital signs, distal pulses, and proper placement of mechanical pressure devices; and assisting the RN with sheath removal, which may include maintaining groin pressure; are tasks that should not be delegated to unlicensed assistive personnel, including cardiovascular nursing assistants/technicians.

### **SURGICAL/INCISIONAL REMOVAL OF A SKIN LESION FOR BIOPSY PURPOSES (12/01)**

In December 2001, the Board issued an advisory opinion that it is not within the scope of registered nursing practice for the RN to surgically incise a skin lesion for biopsy purposes. The Board further clarified that this procedure is within the scope of practice for the qualified advanced registered nurse practitioner. Further, the performance of a “shave or scraping” procedure to biopsy a skin lesion is within the scope of registered nursing practice for the RN who is qualified by education and competency to perform the procedure.

### **“BED CONTROL COORDINATOR” (12/01)**

In December 2001, the Board issued an advisory opinion that the job description for “Bed-Assignment Coordinator,” as submitted by the University of Louisville Hospital, is within the scope of licensed practical nursing practice.

### **NCLEX FOR NURSES IN AN “INTERNATIONAL NURSING EXCHANGE PROGRAM” (02/02)**

In February 2002, the Board issued a response to Martha Dawson, RN, of University of Louisville Healthcare. Ms. Dawson asked that the Board accept a proposal for an “Internal Nursing Exchange Program” where international nurses be issued a temporary license from the Kentucky Board of Nursing and have the NCLEX requirement waived. The Board decided that this proposal not be accepted and suggested that the University of Louisville examine alternatives to the proposal, such as establishing the exchange program under the auspices of an established program of nursing education, or having the nurses who participate in the exchange program apply for licensure by examination in Kentucky.

### **THE ROLE OF THE LPN IN DIALYSIS CARE (02/02)**

In February 2002, the Board reaffirmed its opinion on the role of licensed practical nurses in dialysis care as published in the Fall 2001 issue of the *KBN Connection*. A copy of this article is available from the Board office. Advisory Opinion Statement # 90-21 *Roles of Nurses and Technicians in Dialysis* is also available from the Board office.

Further, the Board issued an advisory opinion that the licensed practical nurse, qualified by education and competency, may perform dialysis using a tunneled access device such as a “Tesio” catheter and using an implanted access device such as a “Lifesite” device.

#### **ADMINISTRATION OF PLACEBOS (02/02)**

In February 2002, the Board received several requests for review of the Board’s advisory opinion on the administration of placebos by nurses. The Board advised that the administration of placebo substances by nurses is appropriate only for use in a clinical trial or clinical research setting provided the individuals receiving the placebo have given informed consent. This opinion can be found in the Board’s advisory opinion statement # 87-17 *Roles of Nurses in the Administration of ‘PRN’ Medication and Placebos*.

#### **DEPARTMENT OF JUVENILE JUSTICE COURSE ENTITLED “HEALTH SERVICES PROTOCOL, SECOND EDITION” (02/02)**

In February 2002, the Board approved revisions made to the Department of Juvenile Justice Course entitled “Health Services Protocol, Second Edition.”

#### **ADMINISTRATION OF PROPOFOL/DIPRIVAN (04/02)**

In April 2002, the Board issued an advisory opinion on the scope of practice for registered nurses for the administration of Propofol (Diprivan). The Board advised that DIPRIVAN Injection, as an intravenous sedative hypnotic agent, may be administered by a qualified registered nurse as described in the “warnings” section of the product information, which states:

- For sedation of intubated, mechanically ventilated adult patients in the intensive care unit DIPRIVAN Injection should be administered only by persons skilled in the management of critically ill patients and trained in cardiovascular resuscitation and airway management.
- For general anesthesia or monitored anesthesia care DIPRIVAN Injection should be administered only by persons trained in the administration of general anesthesia and not involved in the conduct of the surgical/diagnostic procedure. Patients should be continuously monitored for maintenance of a patient airway, artificial ventilation, and oxygen enrichment and circulatory resuscitation must be immediately available.

A registered nurse qualified by education, experience and current clinical competency may administer DIPRIVAN Injection (and maintain the infusion of Diprivan) for sedation of intubated, mechanically ventilated patients in critical care settings (including aero medical advanced emergency service units). An advanced registered nurse practitioner (ARNP), designated nurse anesthetist, may administer DIPRIVAN Injection for general anesthesia or monitored anesthesia care.

#### **DENTAL VARNISHES (04/02)**

In April 2002, the Board issued an advisory opinion to Sarah Wilding, RN, Department for Public Health, that both dental screening and the application of dental varnishes are within the scope of nursing practice when the nurse has completed an applicable Department of Public Health approved training course.

#### **SCOPE OF PRACTICE FOR LICENSED PRACTICAL NURSES (04/02)**

In April 2002, the Board approved the establishment of a Task Force to address the future scope of licensed practical nursing practice.

## **“DO NOT RESUSCITATE” AND “DISCONTINUATION OF TUBE FEEDINGS” ORDERS (06/02)**

In June 2002, the Board responded to an advisory opinion request on whether it is within the scope of advanced registered nursing practice to issued orders for “Do Not Resuscitate” or “Discontinuation of Tube Feedings.” The Board advised that it is within the scope of advanced registered nursing practice for the ARNP, qualified by educational preparation and current clinical competency, to issue orders for “Do Not Resuscitate” and “Discontinuation of Feeding Tubes.”

## **ADVISORY OPINION STATEMENTS – REVISIONS**

Recommended revisions to:

- AOS #90-21, “Roles of Nurses and Technicians in Dialysis.”
- AOS #88-19, “Responsibility and Accountability of Nurses for Patient Care Assignments and Nursing Care Delivery.”
- AOS #87-18, “Employment of Nursing Students as Nursing Personnel Using Either an Academic or a Nurse Extern Service Model.”

All advisory opinion statements may be obtained from the Board office or from the KBN website at [www.kbn.state.ky.us](http://www.kbn.state.ky.us).

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